

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

9 9 — 0 0 9

2. STATE:

South Dakota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 01, 1999

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440.181

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 132,375

b. FFY 2001 \$ 180,616

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A, page 43/1,12
Attachment 4.19-B, page 119. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement to Attachment 3.1-A, page 43/1,12
ATT 4.19-B, page 11

10. SUBJECT OF AMENDMENT:

This Amendment is submitted to allow Federal Financial Participation for nursing or nurse supervision, as part of personal care services provided in a recipients residence, to prevent the recipient from costly hospital nursing home, assisted living center or other institutional care.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

James W. Ellenbecker

14. TITLE:

Secretary

15. DATE SUBMITTED:

16. RETURN TO:

Department of Social Services
Office of Medical Services
700 Governors Drive
Pierre SD 57501-2291

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 19, 1999

18. DATE APPROVED:

11/21/00

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/99

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Spencer K. Ericson

22. TITLE:

Associate Regional Administrator

23. REMARKS:

POSTMARK: December 16, 1999

SUPPLEMENT TO ATTACHMENT 3.1-A

6d. Other Practitioner Services

1. Physician Assistants. See service limitations under section 5a of this attachment.
2. Nurse Practitioners other than Pediatric or Family Nurse Practitioners. See service limitations under section 5a of this attachment.
3. Certified Registered Nurse Anesthetist. See service limitations under section 5a of this attachment.
4. Nursing services which are determined medically necessary by the Department, and are limited to no more than 18 hours of nursing during a calendar quarter.

TN # 99-009
SUPERSEDES
TN # 92-19

APPROVAL DATE 11/21/00 EFFECTIVE DATE 10-01-99

SUPPLEMENT TO ATTACHMENT 3.1-A

7. Home Health Services

a,b,d. The following home health services are not payable:

1. Home health agency services provided to individuals residing in a hospital, nursing facility, or intermediate care facility for the mentally retarded.

TN # 99-009

SUPERSEDES APPROVAL DATE 11/21/00 EFFECTIVE DATE 10-01-99

TN # 91-15

ATTACHMENT 4.19-B
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

6d. Other Practitioner Services

1. Physician Assistants. Reimbursement will be 90% of the fee established under physician services, section 5 of this attachment.
2. Nurse Practitioners. Reimbursement will be 90% of the fee established under physician services, section 5 of this attachment.
3. Certified Registered Nurse Anesthetist. Payment will be made following the anesthesia service provisions of section 5 of this attachment.
4. Nursing services. Payment will be based on reasonable and allowable costs for the service provided.

TN # 99-009
SUPERSEDES
TN # 92-19

APPROVAL DATE

11/21/00

EFFECTIVE DATE 10-01-99